	Effective October 1, 2003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL E	NTITY	OR	OTHER SMALL		
TOTAL CLAIMS			19					RATE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			49 minus 20= *		• 2	· 29		XS 9=		OR	X\$18=	(2)	
INDEPENDENT CLAIMS			11 m	inus 3 =	• //			X43=	 	1	X86=	522-	֓֞֜֝֓֓֓֓֓֓֓֓֓֜֜֜֓֓֓֓֓֡֜֜֓֓֓֓֡֓֓֡֓֓֓֓֓֡֓֡֓֡
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT					-	 	OR		86-	1
ـــــــــــــــــــــــــــــــــــــ	the difference	in column 1 is	less than zero, enter "0"			column 2		+145=		OR	+290=	1200	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1378-	1
CLAIMS AS AMENDED - PART II 6-15-06 (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ğ	Total	. 47	Minus		î	=		X\$ 9=		OR	X\$18=		
ME	Independent	• 4	Minus	*** 4		=/		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			+145=			+290=		
								TOTAL		OR	TOTAL		
		_(Column 1)		(Colum	. 2)	(Column 3)	•	NDDIT. FEE	<u></u>	OR	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		2		X43=		OR	X86=		
	FIRST PRESE	!	+145=	•		+290=							
TOTAL										OR OR	TOTAL	•	
	•	(Column 1)		A	DDIT. FEE	•		ADDIT. FEE	•				
NEN L	•	CLAIMS REMAINING AFTER AMENDMENT	·	(Colum HIGHE NUMB PREVIOU PAID F	ST ER USLY	(Column 3) PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= .		X\$ 9=		OR	X\$18=	-1-7-	
	Independent	*	Minus	***	•	=	 	X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 			OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20." ***If the "Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3." ADDIT. FEE										TOTAL ODIT. FEE			
T	he "Highest Num	ber Previously Paid	For (Total or	Independen	nt) is the	highest number	f o un	d in the app	copriet box	in colu	mn 1.		

Application or Docket Number